

BO4000000148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

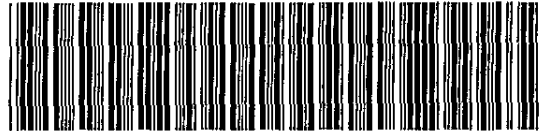
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/08/04 - 01031 - 005 **385.00

FILED
04 APR - 8 PM 2:43
TALLAHASSEE, FLORIDA
STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 APR - 8 AM 11:16
TALLAHASSEE, FLORIDA
STATE
TALLAHASSEE, FLORIDA

BK

CT CORPORATION

April 8, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
04 APR -8 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6077455 SO
Customer Reference 1: 13510
Customer Reference 2: 40670

Dear Secretary of State, Florida:

Please file the attached:

Ginn-LA University Club Ltd, LLLP (GA)
Registration
Florida

Please FILE SECOND.

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

FILED
04 APR -8 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Ginn-LA University Club Ltd., LLLP

(Name of limited partnership as it is in the home state)

2. n/a

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Georgia

(State of Formation)

4. 6/10/03

(Date of Formation)

5. CT Corporation System

(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Rd.

(Street Address of Registered Office)

Plantation

(City)

Florida 33324

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Comm. Bagan

(Agent must sign on this line)

8. 3343 Peachtree Road, Suite 1600

Atlanta, Georgia 30326

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Ginn-University Club GP, LLC

215 Celebration Pl. Ste 200

M04600001350

Celebration, FL 34747

10. 215 Celebration Pl. Ste 200, Celebration, FL 34747

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12. 215 Celebration Pl, Ste 200, Celebration, FL 34747

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 31 day of March, 2004
Ginn-University Club GP, LLC, General Partner

BY: [Signature]
Edward R. Ginn, III, General Partner, its Manager

STATE OF Florida Georgia

COUNTY OF Fulton

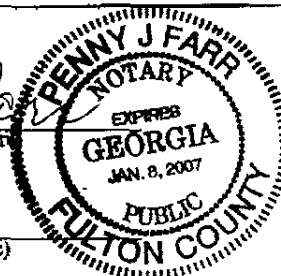
On this 31 day of March, 2004

Edward R. Ginn, III, personally appeared before me.

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)
Penny J. Farr
(Notary's Printed Name)



Seal

My Commission Expires: 1/8/07

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Edward R Ginn Mgr/Ginn-University ClubGP, LL
a general partner of Ginn-LA University Club Ltd., LLP, a (an) Georgia
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 50,000,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 50,000.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 31st day of March, 2004
Ginn-University Club GP, LLC, General Partner

BY: [Signature]
Edward R. Ginn, III its Manager

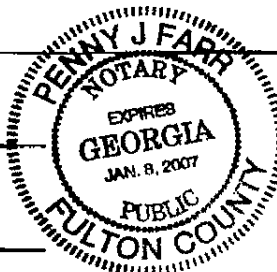
STATE OF Florida
COUNTY OF Fulton

On this 31st day of March, 2004,

Edward R. Ginn, III, personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

[Signature]
(Penny J. Farr)
Penny J. Farr
(Notary's Printed Name)



Seal

My Commission Expires: 1/8/07

UC
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